

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-815)

SERIAL NO:
101595,977
APPLICANT(S)

	CLAIMS					
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	3	↓	↓	↓		
TOTAL DEP.	15	←	←	←		
TOTAL CLAIMS	18	████████	████████	████████		
TOTAL IND.	3	↓	↓	↓	↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS		████████	████████	████████	████████	████████